PUERPERAL PSYCHOSES.

Prof. Olshausen calls attention to the relation of psychoses to grave infectious disease of the puerperium. Their relation has been but little understood and studied. According to the writer's experience it is chiefly cases of puerperal pyæmia, with ulcerative endocarditis, that are followed by mental diseases. Out of 200 cases of eclampsia the writer observed 11 cases of subsequent psychosis; to these he adds 315 cases from the literature which were succeeded by 20 cases of diseases of the mind, hence with a relation of six per cent. Post-eclamptic mental diseases are characterized by their early appearance, the persistence of hallucinations, their rapid and a febrile coma and, finally, their tendency toward recovery.—*Zeitschr. f. Geburtshülfe und Gynäkol.*, xxi., 2.

(An important, yet quite unknown, work on this subject was published in Denmark, in 1888. Dr. Th. B. Hansen. "Our Forholdet mellem puerperal shirdssygdom of puerperal Infection—The relation between puerperal psychoses and puerperal infection.)—*Translator.* J. C.

Society Reports.

AMERICAN NEUROLOGICAL ASSOCIATION.

Eighteenth Annual Meeting, held in New York, June 22, 23 and 24, 1892.

[CONTINUED.]

The President, DR. C. L. DANA, in the chair; Dr. G. M. HAMMOND, Secretary.

A CASE OF HUNTINGTON'S CHOREA, ALSO ONE OF CONGENITAL CHOREA—THE FIRST ON RECORD.

Dr. L. C. GRAY, of New York, presented a man suffering from Huntington's chorea. The disease had manifested itself in the same family for many generations. The movements had appeared in this case when the patient had reached the age of forty-five years. The man belonged to some branch of the Stamford County family. The speaker did not consider the swaying and dancing movements in this case typically those of ordinary chorea of the Sydenham type.

Dr. GRAY then showed a case in a child which he considered was one of congenital Huntington's chorea. There had been no similar trouble in other members of the child's family, and the general history was negative. The choreic movements had been noticed immediately after birth. The infant was a seven-months' child. This disease showed itself generally between the ages of thirty and fifty, and this was the youngest case known to the speaker upon record.

DISCUSSION.

Dr. WHARTON SINKLER said that Dr. S. C. Stephens, of Blackville, S. C., had reported, in a communication read before the South Carolina Medical Association, in April, 1892, several cases of hereditary chorea.

These cases all belonged to one family in which there had been this form of chorea for several generations.

Among the cases which he reported were two brothers, one eleven and the other twelve years of age. In both cases it was stated that the disease developed under one year of age.

Dr. Stephens does not state the exact period at which the choreic movements were first observed, but it is not improbable that they had existed from birth, as it is very hard to decide in an infant at what time the usual incoordinate movements become pathological. Dr. Sinkler remarked that the case of the child presented by Dr. Gray, was certainly different from ordinary chorea, that it presented the features of the so-called spinal chorea, and was, no doubt, a case of hereditary chorea.

Dr. J. H. LLOYD thought that the so-called Huntington's chorea, which was clinically very similar to ordinary chorea, was dependent upon a different pathology. He had observed in the Philadelphia Hospital a woman of eighty with senile chorea. There was always an associated mental failure in those forms of adult chorea.

Dr. COLLINS reported having observed the case of a child, eleven months old, in whom the movements, which had dated from birth, were more characteristic than in Dr. Gray's case, and which would fulfill the conditions implied in the name "congenital hereditary chorea," as the patient's mother had previously suffered from chorea. In the patient before them the lesion was probably situated in the cortical motorial areas in the shape of a congenital lack of development, and the too apparent lack of mental development could be taken as corroborative evidence of this statement.

The PRESIDENT presented a case of hereditary chorea in a man, a native of Scotland, in whose family the disease had appeared for four or five generations. The speaker was presenting this case to show the effect of trephining. The temporary relief afforded by the operation in general paresis had suggested the probability of some such result in this case.

PHTHISIS IN ITS RELATION TO INSANITY.

Dr. THOMAS J. MAYS, of Philadelphia, read a paper with this title. All observers, so far as the speaker was aware, were agreed in the opinion that the insanity was a precursor of the phthisical affection among the insane. This explained why, as Clouston remarked, insanity was not more frequently found in hospitals for pulmonary consumption. Not only was phthisis more common among the insane than it was among the general population, but facts showed that this disease had a predilection for certain forms of insanity. Thus, it was more likely to occur in the depressed than in the exalted types of insanity. Clouston says that this was especially true of melancholia when combined with the monomania of suspicion, and that sooner or later nearly all these cases die of pulmonary phthisis. The speaker's own observation led him to believe that general paralysis or paretic dementia was not infrequently associated with phthisis. The most superficial examination of mortality statistics made it clear that the human constitution was more vulnerable to phthisis at certain periods of life than others, although it was true that those who inherit the disease died three years earlier than those who acquired it. This was true whether the disease affected the lungs, the brain, the bones, or any other portion of the body. As to the influence of heredity in the causation of pulmonary consumption and insanity, it had been recognized since the days of Moreau that the neurotic tendency bred pulmonary consumption in the offspring. Although asthma was a well-recognized disease, its life history had not been investigated with the thoroughness that its importance demanded. This was particularly true with regard to the tendency through which it produced death.

The speaker thought that the facts tended to demonstrate that asthma was closely associated with consumption on the one hand, and on the other that asthma was closely related to insanity. Of all the nervous diseases none was more frequently associated with pulmonary consumption than idiocy. Indeed, this intimacy was so strongly maintained that one was tempted to be skeptical until the statistics on the subject were fully examined. An interpretation of such data was that pulmonary phthisis and insanity certainly belonged to the same family group of diseases. Notwithstanding the great advance in the modern study of the neuroses the pathologic relationship between the lungs and their nerve supply had been practically ignored. The lungs were innervated by the largest and most important nerves in the body; yet, strange to say, nearly all of the diseases incidental to these organs were at present attributed to the influence of irritants and excitants introduced from without, and the possibility that the fault might reside in this nerve did not even receive serious consideration. The foregoing facts, figures, and inductions establish, the speaker thought, the truth of the proposition that the link that bound pulmonary phthisis to insanity and other neuroses was a disease of the vagi. The connection furnished a key to the problem why pulmonary phthisis, a developmental disease, should occur in organs that underwent no development at the time of the greatest prevalence of the disease. It also showed why asthma should naturally be transformed into pulmonary phthisis; it furnished the reason this disease was at least three times as common among the insane as among the sane; and why it was about eight to ten times as prevalent among families burdened with either idiocy or hysteria in some of their offspring, as in those not so burdened. Indeed, this was what the theory predicted and demanded. It did even more than this. It explained why idiots died of pulmonary phthisis ten years earlier than healthy persons. This was accounted for by the fact that a depraved brain and nervous system, such as obtained among this class of unfortunates, offered less resistance to the disease than a healthy brain and nervous system. It offered at least a partial solution to the question why pulmonary phthisis was more prone to show itself among the insane, than was insanity to show itself among the phthisical. Insanity was an affection of the highest nerve centres, and pulmonary phthisis, if this was granted, was an affection of the respiratory, and hence of the lower centres. Finally, that in genesis and in nature, pulmonary phthisis was so closely related to insanity and to other neuroses, that it might be regarded as one of the branches of the family tree to which they belonged.

DISCUSSION.

Dr. MILLS, while recognizing the value and extent of the ground covered in Dr. Mays' paper, thought its conclusion only went to show the failure of such statistical studies.

Dr. LLOYD could not follow the author of the paper in his position. The whole argument was undermined by the fact that the resisting power of a patient was rendered below par by heredity, enfeeblement of constitution, or improper environment.

Dr. PARSONS had found the ratio of phthisis to insanity quite large.

Dr. KELLOG did not believe that there was any special relation between insanity and phthisis, or that phthisical people were any more apt to become insane than anybody else.

Dr. TOMLINSON coincided with the views of Dr. Lloyd. Just as these patients became unstable in varying degrees; so they were unable to cope with their surroundings, and if sufficiently strong influence was brought to bear, they would break down in the direction of their greatest weakness. The result might be phthisis or insanity.

Dr. MAYS closed the discussion in a few remarks defending his original position.

A CASE OF AKINESIA ALGERA.

Dr. J. J. PUTNAM, of Boston, described the patients suffering with this condition as experiencing severe pain during or after use of the muscles. Patients were all neurasthenic. He had a case, many years ago, for which he had always desired to find some category, and to report when he found such category. He had supposed the symptoms were an exaggeration of those common to nervous patients. The patient referred to was, when seen by the speaker, a middle aged man, and his trouble had existed since childhood, gradually increasing in severity. He had belonged to a family of nervous invalids. The symptom to which the speaker wished to call attention, was excessive pain immediately following the use of the muscles. The man could not walk one-third of a mile without pain coming on upon cessation of exertion. This result was invariable. The pain was situated mainly in the legs, but if the arms were used he would suffer pain in them. There were no sign of any atrophic changes, the man was well formed, had a delicate skin, and there was no other symptom present. The pain was diffused throughout the muscles of the thigh and below the knee. There was no tenderness.

CEPHALIC TETANUS.

Dr. J. J. PUTNAM also described a condition under this title, and which he said was rarely observed in this country. The patient, after having five teeth filled, had been seized with stiffness of one side of the face and neck. This was followed by spasms so severe that the teeth were ground together. The spasm was continuous. The temperature was 101° F. After some six or eight weeks the symptoms had passed away; but, as they abated, the opposite side had become involved, but, in a less degree. A surgeon who had seen the case thought it was not tenanus; but there was really no reason why the parasite might not have been introduced during the filling of the teeth.

A CASE OF BRAIN TUMOR.

Dr. M. A. STARR presented as a specimen a brain tumor, which had within the hour been removed by Dr. McBurney.